

| OFFICE USE ONLY: Approved by: | District #: | Class: | Date: | |
|-------------------------------|-------------|--------|-------|--|
| | | | | |

Amt. Pd: _____ Check No: _____Date Rec'd: _____

MANCHESTER HEALTH DEPARTMENT 1528 Elm St., Manchester, NH 03101 Tel: (603) 624-6466, Fax: (603) 628-6004

FOOD SERVICE ESTABLISHMENT FACILITY PERMIT APPLICATION (Please print clearly)

| Name of Food Serv | ice Establishment: | | | _ Tel #: | | |
|---------------------------------|--|--|---|--------------------|--|--|
| Address of Facility: | | | Zip: | Fax #: | | |
| Days and Times of Operation: Bu | | | susiness E-mail Address: | | | |
| Owner: | | Mailing Addı | ress: | | | |
| • | dual, partnership, Inc., Co., LLC, etc.) | Zip: | Owner'sTo | el #: | | |
| | | | | | | |
| • | | | | | | |
| Name of Program | Food Safety Seminary ServeSafe Health Department Safe | inar or Certification Food Handling Se | n: eminar for the D | Food Service Worke | | |
| Attendee's Name: | | Date Attended | d: C | ertification: | | |
| Class I: | Classification of Food Se Restaurants with seating capacity of | | | s\$ 550.00 | | |
| Class I-A: | Supermarkets with bulk foods, a salar | d bar, and/or a food | buffet | \$ 1,000.00 | | |
| Class II: | Food-service facility having a seating less than one hundred (100) persons homes, commissaries, food processo areas | ; bakery warehouse rs, markets with les | ; distributors, no s than two prep | ursing aration | | |
| Class III-A: | Markets selling <u>only</u> pre-packaged for food service operations having seating or less, child day-care facilities | g capacity of twenty | y-five (25) perso | ons | | |
| Class III-B: | Clubs incorporated under the Laws of fraternal organization for the sale to n | | | • | | |
| Class V-A | Non-profit organizations not holding a basis; parochial school | • | • | _ | | |
| Class V-B | Government facilities, public schools | | • | No fee | | |
| Renewal Lat | e Fee : In addition to the above, for any of the month following date of expirat | | | | | |
| SIGNATURE: | | | DATE: | | | |